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**APPLICANTS**

David B. Cranfill, Sparta, NJ;  
 David S. Brenner, Mundelein, IL;  
 Michael E. Caine, Needham, MA;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 9	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	Examiner's Signature _____ Initials _____			

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**TITLE**

MULTIFUNCTION TRANSDUCER

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